

11-26-01

PTOSB/21 (08-00)

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# **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number	
Filing Date	
First Named Inventor	<i>Kyle N. Patrick</i>
Group Art Unit	
Examiner Name	
Attorney Docket Number	CA9 2000 0073 US1

**Total Number of Pages in This Submission**

57

**Attorney Docket Number**

CA9 2000 0073 US1

U.S. PRO  
M  
1003  
E001  
S1

11/06/01

**ENCLOSURES** *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communications to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) - Formal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Changes of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please Identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) Utility Patent Application Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2) Executed Oath & Declaration
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3) Application for United States Letters Patent.
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	4) Recordation Cover Sheet
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		5) Return Post Card

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	International Business Machines Corporation 8501 IBM Drive, Intellectual Property Law Dept. Charlotte, NC 28262-4333
Signature	
Date	6 NOV 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class.

November 06, 2001

Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date.

Typed or printed name

Karl O. Hesse

Signature

**Karl O. Hesse**  
*Karl O. Hesse*

Date \_\_\_\_\_

6 NOV 2001

JCT 796 U.S. PTO  
10/06/01

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

**TOTAL AMOUNT OF PAYMENT** **\$ 1806.00**

*Complete if Known*

Application Number	
Filing Date	
First Named Inventor	<b>Kyle N. Patrick</b>
Examiner Name	
Group Art Unit	
Attorney Docket No.	<b>CA9 2000 0073 US1</b>

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account **50-0629**  
Number  
Deposit Account  
Name

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed

Check  Credit card  Money Order  Other

## FEE CALCULATIONS

### 1. BASIC FILING FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355
Utility filing fee		<b>740.00</b>	
106	320	206	160
Design filing fee			
107	490	207	245
Plant filing fee			
108	710	208	355
Reissue filing fees			
114	150	214	75
Provisional filing fee			

**SUBTOTAL (1) (\$ 740.00)**

### 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims <b>49</b>	<b>-20** = 29</b>	<b>x 18.00 = 522.00</b>
Independent Claims <b>9</b>	<b>-3** = 6</b>	<b>x 84.00 = 504.00</b>
Multiple Dependent		

### Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40

Claims in excess of 20  
Independent claims in excess of 3  
Multiple dependent claim, if not paid

\*\*Reissue independent claims over  
Original patent

**SUBTOTAL (2) \$ 1026.00**

\*\* or number previously paid, if greater; For Reissue, see above

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,250	147	2,250 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	115	55 Extension for reply within first month
116	390	216	195 Extension for reply within 2 nd month
117	890	217	445 Extension for reply within third month
118	1,390	218	695 Extension for reply within fourth month
128	1,890	228	945 Extension for reply within fifth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,240	241	620 Petition to revive - unintentional
142	1,240	242	620 Utility issue fee (or reissue)
143	440	243	220 Design issue fee
144	600	244	300 Plant issue fee
122	130	122	130 Petition to the Commissioner
123	50	123	50 Processing fee under 37 CFR 1.117(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per Property(times number of properties)
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355 For each additional invention to be Examined (37 CFR § 1.129(b))
179	710	279	355 Request for continued Examination (RCE)
169	900	169	900 Request for expedited examination Of a design application
Other fee (specify) _____			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**\$ 40.00**

## SUBMITTED BY

Name (Print/Type)	<b>Karl O. Hesse</b>	Registration No. (Attorney/Agent)	<b>25,398</b>	Telephone	<b>(704) 594-8300</b>
Signature	<i>Karl O. Hesse</i>				
	Date	<i>10 NOV 2001</i>			